

2002 CALIFORNIA WOMEN'S HEALTH SURVEY

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Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

NUMADULT

We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

____ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN

(If NUMADULT GT 1)

How many are men?

____ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN GT 1)

The person in your household I need to speak with is the _____.

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT

(If NUMWOMEN = 1)

Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the

Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with breast cancer screening tests, alcohol and tobacco use, vitamin use, mental health and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

First I'd like to ask some questions about your health.

GENHLTH (Core)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know / Not sure
- 9. Refused

PHYSHLTH (Core)

TYPEVII.

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

MENTHLTH (Core)

TYPEVII.

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

POORHLTH (Core) (Ask if PHYSHLTH >=1 or MENTHLTH >=1)

TYPEVII.

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

HEALTH ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVPLN3 = 1, ask:)

| | Yes | No | DK/NF | RF | |
|--|-----|----|-------|----|----------|
| Do you receive health care coverage through: | | | | | |
| 6. Your employer | 1 | 2 | 7 | 9 | EMPPLAN |
| 7. Someone else's employer (including spouse) | 1 | 2 | 7 | 9 | OEMPLAN |
| 8. A plan that you or someone else buys on your own | 1 | 2 | 7 | 9 | OWNPLAN |
| 9. Medicare | 1 | 2 | 7 | 9 | MEDICARE |
| 10. Medi-Cal (Medicaid) | 1 | 2 | 7 | 9 | MEDICAL |
| 11. The military, CHAMPUS, or the VA [or CHAMP-VA] | 1 | 2 | 7 | 9 | MILPLAN |
| 12. Indian Health Service, or, | 1 | 2 | 7 | 9 | INDIANHS |
| 13. Some other source | 1 | 2 | 7 | 9 | OTHRSRCE |

If no "Yes" responses to Q6-13, go to PASTPLAN;
If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLN

MAINPLAN (Core)

MAINPLN.

14. What type of health care coverage do you use to pay for MOST of your medical care?

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, the VA (or CHAMP-VA)
7. Indian Health Service
8. Some other source

88. None

77. Don't know / Not sure

99. Refused

GAPPLN (Core)

YESNO.

15. In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?

1. Yes
2. No (Go to HMOPPO2)
7. Don't know / Not sure (Go to HMOPPO2)
9. Refused (Go to HMOPPO2)

GAPPLNT (Core)

TYPE II.

16. In how many of the past 12 months were you without any coverage?

____ (number)

77. Don't know / Not sure

99. Refused

HMOPPO2 (Core)

YESNO.

17. Do you receive your health care through an HMO (Health Maintenance Organization)?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HLTHLIST (Core)

HLTHLIST.

18. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

Select from Brandlist

96. Other (Specify)

777. Don't know / Not sure

(Go to CHECKUP2)

888. None

(Go to CHECKUP2)

999. Refused

(Go to CHECKUP2)

TIMEPLAN (Core)

HOWLNGD.

19. About how long have you had this particular health coverage?

Read Only if Necessary

1. Within the past 6 months (more than 0 to 6 months)

(Go to CHECKUP2)

2. Within the past year (more than 6 months to 1 year)

(Go to CHECKUP2)

3. Within the past 2 years (more than 1 year to 2 years)

(Go to CHECKUP2)

4. Within the past 5 years (more than 2 years to 5 years)

(Go to CHECKUP2)

5. More than 5 years ago

(Go to CHECKUP2)

7. Don't know / Not sure

(Go to CHECKUP2)

9. Refused

(Go to CHECKUP2)

PASTPLAN (Core)

HOWLONGC.

20. About how long has it been since you had health care coverage?

Read Only if Necessary

1. Within the past 6 months (more than 0 to 6 months)

2. Within the past year (more than 6 months to 1 year)

3. Within the past 2 years (more than 1 year to 2 years)

4. Within the past 5 years (more than 2 years to 5 years)

5. More than 5 years ago

7. Don't know / Not sure

8. Never

9. Refused

CHECKUP2 (Core) Ask all women

HOWLONG.

21. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?
(Read only if necessary)

1. Within the past year (0 years to 1 year)

2. Within the past 2 years (more than 1 year to 2 years)

3. Within the past 5 years (more than 2 years to 5 years)

4. More than 5 years ago

7. Don't know / Not sure

8. Never

9. Refused

CONTINUITY OF CARE

WHERCARE (MCH)

WHERCARE.

22. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an. . .

1. Emergency room
2. Private doctor
3. Hospital clinic
4. HMO clinic
5. Community clinic
6. Acute care clinic
7. Urgent care clinic
8. Doesn't go to one place most often (Do not read)
9. Did not see anyone during the past 12 months (Do not read)
10. Other (Specify _____)

77. Don't know / Not sure
99. Refused

HEART DISEASE

HEARTTLK (CMRI: American Heart Association) Ask of all women YESNO.

23. Has your doctor or other health provider talked with you about heart disease? (F6 if no doctor)

1. Yes
2. No

7. Don't know / Not sure
9. Refused

BPCK12M (CMRI) - Ask of all women

YESNO.

24. In the past 12 months, have you had your blood pressure checked?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

CHCK12M (CMRI) - Ask of all women

YESNO.

25. In the past 12 months, have you had your cholesterol level checked?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

CVDBELI2 (CMRI) - Ask of all women

CVDMORTB.

26. Among women, which do you believe is the leading cause of death? Would you say...

1. Breast cancer
2. Heart disease
3. Neither, or
4. Both

7. Don't know / Not sure
9. Refused

CNCBELIF NEW (OWH) - Ask of all women

CNCBELIF.

27. What do you think is the leading cause of CANCER deaths in women? Would you say...

RANDOMIZE RESPONSES

1. Lung cancer
2. Breast cancer
3. Ovarian cancer
4. Colon or rectal cancer
5. None of these

7. Don't know / Not sure
9. Refused

SMOKING**Now I would like to ask you a few questions about cigarette smoking**

SMOKE100 (Core) Ask all women

YESNO.

28. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes
2. No (Go to FOODWIC)

7. Don't know / Not sure (Go to FOODWIC)
9. Refused (Go to FOODWIC)

SMKEVDA2 (Core)

EVDAY.

29. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all

7. Don't know / / Not sure
9. Refused

The next few questions are about the Women, Infants, and Children program, also known as the WIC program

FOODWIC (WIC, CPNS)

YESNO.

30. In the last 12 months have you received food assistance from WIC (coupons/vouchers)?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGEB (Core)

TYPEI.

31. What is your age?

- ___ Enter age in years
7. Don't know / Not sure
 9. Refused

If AGE LT 50, go to PREGNANT;
If AGE GE 50 and LT 55, go to PREG5YR;
If AGE GE 55, go to LIVEBRT2

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

32. To your knowledge, are you now pregnant?

1. Yes (Go to PREG5YR)
2. No
7. Don't know / Not sure
9. Refused

TRYPREG (OFF)

YESNO.

33. Are you currently trying to become pregnant?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

PREG5YR (Core) Asked of those AGE 18-54

YESNO.

34. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

LIVEBRT2 (MCH) Ask all women

TYPEII.

35. How many children have you ever given birth to, counting only live births?

___ Enter Number

88. None (Go VITBWHYB)

77. Don't know / Not sure (Go VITBWHYB)

99. Refused (Go VITBWHYB)

DATEBRTH (MCH)

36. On what date did you last give birth to a live baby?

___ Enter month DATEB_A

___ Enter year DATEB_B

77. Don't know / Not sure

99. Refused

BRTHWGHT (MCH) Ask if PREG5YR = yes

37. How much did your last baby weigh at birth?

___ Enter pounds\ounces

___ Enter grams

77. Don't know / Not sure

99. Refused

BRSTFED2 (MCH) ask of all women who have had at least 1 live birth:

YESNO.

38. Did you breastfeed your baby born in year xxx?

1. Yes

2. No (Go to VITBWHYB)

7. Don't know / Not sure (Go to VITBWHYB)

9. Refused (Go to VITBWHYB)

39. How old was that child when you stopped any breastfeeding (no longer breastfed that child)?

77. Don't know / Not sure
99. Refused

VITBWHYB NEW (MCH) VITBWHYB.

7. Don't know\Not sure
9. Refused

1. Not at all
2. Somewhat
3. Very likely
4. Doesn't eat cereal (Do not read)
7. Don't know / Not sure
8. Doesn't know what folic acid is (Do not read)
9. Refused

1. Yes
2. No (Go to EPHEDRA)
7. Don't know / Not sure (Go to EPHEDRA)
9. Refused (Go to EPHEDRA)

VITDAILY NEW (MCH)

YESNO.

43. Do you take any of these on a daily basis?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

EPHEDRA (MCH)

YESNO.

44. Now, thinking about herbal products, in the last 12 months, did you take Ephedra (Ma Huang) to help you lose weight?

1. Yes
2. No
3. Doesn't know term
7. Don't know / Not sure
9. Refused

SELFWGHT (CPNS)

WEIGHT.

45. Currently, do you consider yourself:

1. Overweight
2. Underweight
3. About the right weight for your height (Go to DAILYEAT)
7. Don't know / Not sure (Go to DAILYEAT)
9. Refused (Go to DAILYEAT)

LIKEWT2 (CPNS). (Do not accept a range)

46. What do you consider a healthy weight for yourself?

___ Enter weight

7. Don't know / Not sure
9. Refused

DIETARY QUALITY

DAILYEAT (CPNS)

47. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?

___ Enter number

7. Don't know / Not sure
9. Refused

DAILYVEG (CPNS)

48. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = ½ cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)

___ Enter number

- 7. Don't know / Not sure
- 9. Refused

DAILYMLK (CPNS)

49. How many total servings of milk products, like fluid milk, cheese or yogurt, do YOU think you should eat every day for good health? (A serving = 8 ounces of milk or yogurt, 2 ounces of cheese)

___ Enter number

- 7. Don't know / Not sure
- 9. Refused
- 8. Lactose intolerant

HEARSERV NEW (CPNS)

YESNO.

50. Since (One year ago to date), have you noticed any billboards, TV or radio commercials, or newspaper advertisements with a message about the number of servings of fruits and vegetables to eat for better health?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

HEARSTOR NEW (CPNS)

YESNO.

51. Since (One year ago to date), in the produce section of your grocery store, have you noticed any banners, posters, pamphlets, or special recipes about the number of servings of fruits and vegetables to eat for better health?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

| |
|--|
| Ask if YES to HEARSERV or HEARSTOR; else go to HISP2 |
|--|

RECSERV NEW (CPNS)

TYPEIII.

52. What was the number of servings of fruits and vegetables that was recommended?

___ Enter number

- 7. Don't know / Not sure
- 9. Refused

DEMOGRAPHICS

HISP3 (Core)

YESNO.

53. Are you Hispanic or Latino? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)

1. Yes
2. No
7. Don't know / Not sure (Go to REF_DEMO)
9. Refused (Go to REF_DEMO)

ORACE3 (Core)

YESNO.

54. Which one or more of the following would you say is your race?

Please read and mark all that apply.

1. White ORACE3_A
2. Black or African American ORACE3_B
3. Asian ORACE3_C
4. Native Hawaiian or Other Pacific Islander ORACE3_D
5. American Indian or Alaska Native ORACE3_E
6. Other [specify] -----> ORACETXT (Recoded, not retained) ORACE3_F
7. Don't know / Not sure (Go to REF_DEMO)
9. Refused (Go to REF_DEMO)

| |
|---|
| If more than one response to ORACE3, continue. Otherwise, go to ORACE2A |
|---|

ORACE4 (Core)

55. Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify] -----> ORACETXT (Recoded, not retained)
7. Don't know / Not sure
9. Refused

| |
|--|
| If ORACE3_C EQ 1 or ORACE3_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A; Else go to BIRTHPLC |
|--|

ORACE2A (Core)

ORACE2A.

56. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

- | | |
|---------------------------|-----------------------|
| 1. Chinese | 2. Japanese |
| 3. Korean | 4. Filipino |
| 5. Vietnamese | 6. Cambodian |
| 7. Laotian | 8. East Indian |
| 9. Indonesian | 10. Hawaiian |
| 11. Samoan | 12. Pakistani |
| 13. Saipanese | 14. Fijian |
| 15. OTHER: (specify) | ----->ORA2ATXT (Text) |
| 77. Don't know / Not sure | 99. Refused |

BIRTHPLC (Core)

BIRTHPLC.

57. In what country were you born?

Select From Brand List

14. Other (specify _____)

77. Don't know / Not sure

(Go to MARITAL)

99. Refused

(Go to MARITAL)

BIRTHTXT

57.5 OTHER (SPECIFY)

If BIRTHPLC eq1 go to MARITAL;
Else continue

USEENTRY (Core)

TYPEI.

58. In what year did you first enter the U.S.?

___ Enter year

7777. Don't know / Not sure

9999. Refused

MARITAL (Core)

MARITAL.

59. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
9. Refused

CHILD18 (Core)

TYPEII.

60. How many children under age 18 live in this household?

Enter Number of children

00. None

99. Refused

CHILD1-CHILD9 (Core)

TYPEII.

61. (If CHILD18=1, ask:) How old is the child?**(If CHILD18 GT 1, ask:) How old are the children?**

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

AGE OF CHILD/CHILDREN

77. Don't know / Not sure

99. Refused

EDUCA (Core)

EDUCA.

62. What is the highest grade or year of school you completed? (Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY3 (Core)

EMPLOYB.

63. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work
99. Refused

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

64. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM01 (Core)

INCOMEB.

65. Which of the following categories best describes your annual household income from all sources?

Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 or \$100,000 or more?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 or more

77. Don't know / Not sure

99. Refused

Find the point on the table where HHSIZE and INCOM01 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM01, go to THRESH01.

THRESH01 (Core)

YES/NO.

66. Is your annual household income above _____ (table look up for income and household size)?
(This is an income threshold used for statistical purposes.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

| INCOM94 | = | 1 <10K | 2 10-15K | 3 15-20K | 4 20-25K | 5 25-35K | 6 35-50K | 7 50-75K | 8 75-100K | 9 100K+ |
|---------------------|----|-----------|-------------|-------------------|--------------------|-------------------|-------------------|------------------------------|--------------------|------------|
| HHSIZE= | 1 | 8,600 | 11,200 / | 15,900/ 17,200 | 21,500 | | | | | |
| (Household Size) | 2 | | 11,600 / | 15,100 | 21,500 / 23,200 | 29,050 | | | | |
| | 3 | | 14,650 | 19,000 | | 27,050/ 29,250 | 36,600 | | | |
| | 4 | | | 17,650 | 22,950 | 32,650 | 35,300/ 44,150 | | | |
| | 5 | | | | 20,700 | 26,850 | 38,250/ 41,350 | 51,700 | | |
| | 6 | | | | 23,700 | 30,800 | 43,850/ 47,400 | 59,250 | | |
| | 7 | | | | | 26,700/ 34,700 | 49,400 | 53,400/ 66,800 | | |
| | 8 | | | | | 29,750 | 38,650 | 55,000/ 59,500/ 74,350 | | |
| | 9 | | | | | 32,800 | 42,600 | 60,600/ 65,500 | 81,900 | |
| | 10 | | | | | 35,750 | 46,500 | 66,150/ 71,550 | 89,450 | |
| | 11 | | | | | | 38,800/ 41,800 | 50,450/ 54,350/ 71,750 | 77,600/ 83,600 | |
| | 12 | | | | | | 41,800 | 54,350/ 58,300 | 77,350/ 83,600 | 104,550 |
| | 13 | | | | | | 44,850 | 58,300 | 82,950/ 89,700/ | 112,100 |

(100%, 130%, 185%, 200%, and 250% Poverty Line; From: Federal Register, Feb 16, 2001 rounded to nearest \$50.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
 Else continue

INCOM94B (Core)

INCOMEB.

67. Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to \$100,000, or more than \$100,000?

1. Less than \$10,000
 2. \$10,000 to less than \$15,000
 3. \$15,000 to less than \$20,000
 4. \$20,000 to less than \$25,000
 5. \$25,000 to less than \$35,000
 6. \$35,000 to less than \$50,000
 7. \$50,000 to less than \$75,000
 8. \$75,000 to \$100,000
 9. more than \$100,000
9. \$0; Doesn't have any personal income
77. Don't know / Not sure
99. Refused

HEIGHT (Core)

TYPEIV.

68. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know / Not sure
999. Refused

WEIGHT (Core)

TYPEIV.

69. About how much do you weigh without shoes?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure
999. Refused

WT12MB NEW (CPNS)

TYPEIV.

- 70. If age 50 or younger ask: If you were not pregnant, how much did you weigh one year ago? (F6 if they WERE pregnant)**
If age 51 or older ask: How much did you weigh one year ago? (F6 if they WERE pregnant)

Round fractions up

_____ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure

999. Refused

COUNTY1 (Core)

COUNTYA.

- 71. What county do you live in?**

Select From Brand List

777. Don't know / Not sure

999. Refused

ZIPCODE (Core)

TYPEIX.

- 72. What is your zip code?**

_____ Enter the five digit number

77777 Don't know / Not sure

99999 Refused

NUMPHON2 (Core)

(not formatted)

- 73. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.**
 (8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight

9. Refused

INTERNET USE

WWWUSE NEW (OWH)

- 74. During the last 12 months how often did you use the Internet for any purpose? Would you say. . . (F6 for NEVER)**

_____ Enter number of times

_____ Enter per day/week/month/year

8888. Never

(Go to INCOMADQ)

7777. Don't know / Not sure

(Go to INCOMADQ)

9999. Refused

(Go to INCOMADQ)

WWWHER NEW (OWH)

WWWHER.

75. How do you usually access the Internet? Would you say a computer at. . .

1. Home
2. Work
3. School
4. Library
5. Health Center
6. Other (specify)
7. Don't know / Not sure
9. Refused

WWWHEALTH NEW (OWH)

WHENVI.

76. When was the last time you used the Internet to find advice or information on health or health care for yourself, family, or friends that was not work related? Would you say within the last...

1. Week
2. Month
3. 6 months
4. More than 6 months ago
5. Never

(Go to INCOMADQ)

7. Don't know
9. Refused

WWWINFO NEW (OWH)

YESNO.

77. Now thinking about the LAST time you went online for health information for yourself, what type of information were you looking for that time? DO NOT READ: Mark all that apply (F6 if Not Applicable)

- | | |
|---|---------|
| 1. Information about a SPECIFIC illness or condition: specify _____ | WWWIN_A |
| 2. Information about SPECIFIC doctors, health care providers, hospitals | WWWIN_B |
| 3. Basic news or information about health and health care | WWWIN_C |
| 4. Information about fitness and nutrition | WWWIN_D |
| 5. Other : specify _____ | WWWIN_E |
| 7. Don't know | |
| 9. Refused | |

INCOMADQ (Core)

YESNO.

78. During the past month, did you feel you had enough money to meet your basic living needs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

FOOD ADEQUACY

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since **MONTH** of last year)

OUTOFFD (DSS, MCH, WIC, and CPNS) Ask all women

TRUEFALB.

79. The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often
2. Sometimes, or
3. Never true

7. Don't know / Not sure
9. Refused

AFRDMEAL (DSS, MCH, WIC, and CPNS)

TRUEFALB.

80. I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

7. Don't know / Not sure
9. Refused

CUTMEAL (DSS, MCH, WIC, and CPNS)

YESNO.

81. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to EATLESSC)

7. Don't know / Not sure (Go to EATLESSC)
9. Refused (Go to EATLESSC)

CUTOFTN (WIC)

HOWLONGG.

82. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months

7. Don't know / Not sure
9. Refused

EATLESSC (WIC) (Health Status Indicator)

YESNO.

83. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

EVRHNGRY (WIC)

YESNO.

84. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

NOTEAT (CPNS)

YESNO.

85. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

FDSTMAPP (CPNS, DSS)

YESNO.

86. In the last twelve months, have you applied for food stamps?

- 1. Yes
- 2. No (Go to FOODBANK)
- 7. Don't know / Not sure (Go to FOODBANK)
- 9. Refused (Go to FOODBANK)

FDSTMDEN (CPNS, DSS)

YESNO.

87. Were you denied food stamps?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

(CPNS) (Ask of all women)

YESNO.

| | YES | NO | DK | RF | |
|--|-----|----|----|----|--------------------------|
| 88. Emergency food banks | 1 | 2 | 7 | 9 | FOODBANK |
| 89. Meals served at a food kitchen/community site | 1 | 2 | 7 | 9 | FOODKIT |
| 90. Senior meal site or home-delivered meals | 1 | 2 | 7 | 9 | FOODSENR |
| 91. Food stamps (share with DSS) | 1 | 2 | 7 | 9 | FOODSTP (Go to FOODSTLS) |

WHYNOFS NEW (DSS) (DO not ask if poverty threshold clearly over 250%)

WHYNOFS.

92. What is the main reason you are not currently receiving food stamps? (DO NOT READ)

1. Don't need them
2. Don't think I'm eligible
3. Don't know how to get them
4. Too hard to apply
5. Don't want government help
6. Worried about my citizenship status
7. Too embarrassed to use them
8. Other (specify)

77. Don't know / Not sure

99. Refused

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP

93. In an average month, how many days do food stamps last in your household?

____ Enter number of days

77. Don't know / Not sure

99. Refused

PUBASST2 (DSS, DMH)

YESNO.

Now, I would like to ask you about receiving money from the county (for your family) on a regular basis. This assistance is sometimes called welfare, AFDC or CalWorks.

94. Thinking back over the past 12 months, did you ever receive money through one of these programs?

1. Yes
2. No (GO TO CPS)
7. Don't know / Not sure (GO TO CPS)
9. Refused (GO TO CPS)

PUBASTN2 (DSS, DMH)

YESNO.

95. Thinking back to the last 30 days, did you receive money through one of these programs?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

FOSTCARE (DSS)

YESNO.

96. Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

Next, I would like to ask you about physical activity and weight control.

**If EMPLOY3 = 4, 6, 7, 8 or 9, Go to EXERMOD;
Else continue**

EXERWORK (Core)

EXERWORK.

97. When you are at work, which of the following best describes what you do?

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work
- 8. Doesn't work (Do not read)
- 7. Don't know / Not sure
- 9. Refused

EXERMOD (Core)

TYPEIII.

98. In a usual week, how many days do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

____ Enter number of times

- 888. None (Go to EXBMODAB)
- 777. Don't know / Not sure (Go to EXBMODAB)
- 999. Refused (Go to EXBMODAB)

EXEROFTM (Core)

TYPEXIV.

99. On days when you do moderate activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

_____ Enter number of minutes

_____ Enter number of hours

777. Don't know / Not sure

999. Refused

EXBMODAB (CPNS)

TYPEIII.

100. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).

_____ Enter number of days

7. Don't know / Not sure

(Go to WORKPHYS)

9. Refused

(Go to WORKPHYS)

EXBMODMB (CPNS)

TYPEIII.

101. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?

_____ Enter number of minutes

7. Don't know / Not sure

9. Refused

WORKPHYS NEW (CPNS) Ask if EMPLOY3=1-3

YESNO.

102. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

WORKNTRN NEW (CPNS) Ask if EMPLOY3=1-3

YESNO.

103. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

If Yes to any HLTHPLAN, continue;
Else go to DIET12M

HINSNTRN NEW (CPNS)

YESNO.

104. Does your health insurance coverage include an affordable weight loss program or nutrition counseling?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

DIET12M (CPNS) Ask of all respondents

YESNO.

105. Have you intentionally tried to lose weight in the past 12 months?

- 1. Yes
- 2. No (Go to HADMAM)
- 7. Don't know / Not sure (Go to HADMAM)
- 9. Refused (Go to HADMAM)

DIETYOYB NEW (CPNS)

YESNO.

106. During the past 12 months, did you intentionally lose weight and then gain some or all of it back?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

DIETPILL (MCH)

OFTENA.

107. In the last 12 months, how often did you use over-the-counter pills to help you lose weight? Would you say regularly, occasionally or never?

- 1. Regularly
- 2. Occasionally
- 3. Never
- 7. Don't know / Not sure
- 9. Refused

DIETDRK (MCH)

OFTENA.

108. In the last 12 months, how often have you replaced your regular food with a diet supplement drink or diet supplement bar, such as Slimfast, in order to lose weight? Would you say regularly, occasionally, or never?

- 1. Regularly
- 2. Occasionally
- 3. Never
- 7. Don't know / Not sure
- 9. Refused

BREAST and CERVICAL CANCER SCREENING

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

HADMAM (BCEDP; CDC-C, modified lead-in) (Note: ask all women) YESNO.

109. Have you ever had a mammogram?

- 1. Yes
- 2. No (Go to WHYNOTDB)
- 7. Don't know / Not sure (Go to BCHAD)
- 9. Refused (Go to BCHAD)

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

110. How long has it been since you had your last mammogram?

(Read only if necessary)

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago (Go to WHYDONE)
- 7. Don't know / Not sure
- 9. Refused

MANYMAM (BCEDP; Asked in 1997)

TYPEII.

111. About how many mammograms have you had in the past five years?

_____ Enter number

- 00. None
- 77. Don't know/Not sure
- 99. Refused

WHYDONE (BCEDP)

WHYDONE.

112. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

- 1. Routine checkup
- 2. Breast problem
- 3. Had breast cancer
- 7. Don't know/Not sure
- 9. Refused

| |
|--|
| If HOWLONG2>1 and HOWLONG2 <=5 and age>=40 continue; Else, go to BCHAD |
|--|

WHYNOTDB NEW (BCEDP)

WHYNOTDB.

113. What was the MAIN reason you did not have a mammogram within the past year?

1. Doctor never said it was needed
2. I had no reason to have a mammogram
3. Cost
4. No insurance to pay for it
5. Too painful

8. Other (specify)
77. Don't know / Not sure
99. Refused

BCHAD (CSS) Ask all women

YESNO.

114. Have you ever had breast cancer?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

MAMMPAY (BCEDP) (Ask all women)

PORTION.

115. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co pay)
3. None (Go to HADCBE)

7. Don't know / Not sure (Go to HADCBE)
9. Refused (Go to HADCBE)

MAMMDFPB NEW (BCEDP)

DIFFIC.

116. How difficult would it be for you to pay for the cost of a mammogram? Would you say very difficult, somewhat difficult, or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. Not at all difficult

7. Don't know / Not sure
9. Refused

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

HADCBE (BCEDP) ASK ALL WOMEN

YESNO.

117. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to F40CBEGB)

7. Don't know / Not sure (Go to F40CBEGB)
9. Refused (Go to F40CBEGB)

WHENCBE (BCEDP)

HOWLONGB.

118. How long has it been since your last clinical breast exam? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago (Go to F40CBEGB)
7. Don't know / Not sure
9. Refused

MANYCBE NEW (BCEDP)

TYPEII.

119. About how many clinical breast exams have you had in the past five years?

- ____ Enter number
00. None
 77. Don't know/Not sure
 99. Refused

F40CBEGB (BCEDP) Ask all women Modified responses

BGUIDE.

120. How often do you think a woman your age should have a clinical breast exam?

1. More than once every year
2. Once every year
3. Once every 2 years
4. Once every 3 or more years
5. Never
7. Don't know/not sure
9. Refused

WHATPAPB NEW (OWH)

YESNO.

121. Which of the following can be detected with a Pap smear? Would you say Ovarian Cancer, Cervical Cancer, or Sexually Transmitted Diseases? Mark all that apply

- | | |
|--------------------------|---------|
| 1. Ovarian Cancer | WHATP_A |
| 2. Cervical Cancer | WHATP_B |
| 3. STD's | WHATP_C |
| 4. None | WHATP_D |
| 5. Other (specify) | WHATP_E |
| 7. Don't know / Not sure | |
| 9. Refused | |

GYNEXAM NEW (OWH)

TYPEIV.

122. When was your last regular female check-up, also called your annual gynecologic exam?
(This may or may not include a Pap test). F6=Not Applicable

_____ Enter month

_____ Enter Year

8888. Never

7777. Don't Know

9999. Refused

PAPINFO2 NEW (OWH) Ask if GYNEXAM is after January, 2000

YESNO.

123. At the time of your last regular female check-up, did your doctor or other health care provider give you written information such as a pamphlet or flier, on gynecologic cancers: those include cancers of the cervix, uterus, ovaries or vulva?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

OVARRISK NEW (OWH)

OVARRISK.

124. There are some things that may put a woman at higher risk for ovarian cancer - can you name any one of these? INTERVIEWER DOES NOT READ LIST

1. Hormone Replacement Therapy

2. Family history of ovarian cancer

3. Previous breast cancer diagnosis

4. Talc use in genital area

5. Never given birth to children

6. Fertility drugs

7. Gastrointestinal problems (gas, bloating)

88. Other (specify)

77. Don't know / Not sure

99. Refused

If PREGNANT EQ 1 or TRYPREG =1, go to COLOTLK; else continue.

HYSTER2 (Core)

YESNO.

125. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

| |
|---|
| If AGE LT 50, go to OSTEODEF; else continue |
|---|

COLOTLK (NCI, CMRI) Ask women age 50 and older

YESNO.

126. Has a doctor or nurse ever talked to you about being tested for colorectal cancer?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

COLOEVER (CMRI: UCSF ; Kaiser) Ask women age 50 and older:

YESNO.

A blood stool test is a test that checks for the possible presence of blood that one cannot see in the stools. A person takes small samples of her stools for 3 days, puts them on cards provided by the doctor, and returns the cards to the doctor for testing.

127. Have you ever had this test?

- 1. Yes
- 2. No (Go to SIGEVER)
- 7. Don't know / Not sure (Go to SIGEVER)
- 9. Refused (Go to SIGEVER)

WHENCARD (CMRI: UCSF ; Kaiser) Ask women age 50 and older:

HOWLONGH.

128. When did you have your last test to find blood in the stools?

- 1. 1 year ago or less
- 2. Between 1 to 2 years ago
- 3. More than 2 years ago
- 7. Don't know / Not sure
- 9. Refused

SIGEVER (CMRI: UCSF ; Kaiser) Ask women age 50 and older:

YESNO.

A sigmoidoscopy or colonoscopy is a test where a doctor inserts a tube into the rectum and looks directly at the intestine to detect cancer and check for other problems.

129. Have you ever had either one of these exams?

- 1. Yes
- 2. No (Go to WHYNOSIG)
- 7. Don't know / Not sure (Go to WHYNOSIG)
- 9. Refused (Go to WHYNOSIG)

WHENSIG2 (CMRI: UCSF ; Kaiser) Ask women age 50 and older: HOWLONGI.

130. When did you have your last sigmoidoscopy or colonoscopy exam?

- | | | |
|----|---------------------------|----------------|
| 1. | 1 year ago or less | (Go to WHYSIG) |
| 2. | Between 1 and 5 years ago | (Go to WHYSIG) |
| 3. | More than 5 years ago | (Go to WHYSIG) |
| 7. | Don't know / Not sure | (Go to WHYSIG) |
| 9. | Refused | (Go to WHYSIG) |

WHYNOSIG (CMRI: UCSF ; Kaiser)

WHYNODNB.

Ask women age 50 and older and if COLOEVER EQ NO OR SIGEVER EQ NO:

131. There are many reasons why women don't get tests for blood in the stool or have a sigmoidoscopy or colonoscopy. What is the most important reason that you have not had all of these tests? (DO NOT READ LIST)

1. Doctor didn't recommend it
2. Cost (worry about the cost)
3. Embarrassment (it's embarrassing to have that kind of test)
4. The preparation for the test (a laxative) is uncomfortable or inconvenient
5. Afraid the test might show cancer
6. Heard bad things about these tests
7. Painful
8. I don't want it (I don't want a test like that done to me)
9. I don't need it (risk of colon cancer is low; haven't had any problems)
10. Other (Reason not listed above; NOT open-ended text response)
11. Haven't had time
77. Don't know / Not sure
99. Refused

WHYSIG (NCI with answer categories similar to CWHS 2000 WHYDON2; CMRI) WHYDNEB.

Ask women age 50 and older: (Ask if COLOEVER or SIGEVER = YES)

132. What was the main reason you had your last test to detect blood in the stools or had a colonoscopy or sigmoidoscopy?

1. Doctor / nurse recommended it
2. Saw or heard media messages about colorectal cancer screening
3. Had a friend or relative who recommended it
4. Had a friend or relative who has cancer
5. Experiencing symptoms that concerned you / bowel problems
(such as blood the stool, pain in abdomen or stomach, change in bowel habits)
6. Routine checkup
7. Other
77. Don't know / Not sure
99. Refused

OSTEOPOROSIS

Now, I'd like to ask you some questions about osteoporosis.

OSTEODEF (COPE) Ask of all women:

OSTEO.

133. What do you think osteoporosis is? (DO NOT READ LIST)

1. Bone loss (loss of bone, less bone mass/density, holes in your bones, thin bones)
2. Joint problems (painful joints, stiff joints, can't bend knees/fingers/shoulders)
3. Other (mentioned other definition; NOT open-ended text response)
7. Don't know / Not sure
9. Refused

OSTEOTLB (COPE) Ask of all women:

YESNO.

Osteoporosis is an abnormal thinning of the bones or bone loss. This loss of bone density can lead to curving of the spine or fragile bones.

134. Has your doctor or other health provider talked with you about how to prevent osteoporosis or bone loss?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

If AGE LT 50, go to OSTEOPHY; else continue

OSTEOTL2 (COPE) Ask of women 50 and older

YESNO.

135. Have you been told by your doctor or other healthcare provider that you have osteoporosis?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

FALLBRK NEW (COPE)

YESNO.

136. In the last 12 months, have you broken a bone as the result of a fall?

1. Yes
2. No (Go to OSTEOPHY)
7. Don't know / Not sure (Go to OSTEOPHY)
9. Refused (Go to OSTEOPHY)

WHATBONE NEW (COPE)

WHATBONE.

137. Which bone was broken? Mark all that apply.

1. Hip or pelvis
2. Wrist or forearm
3. Other (specify)
7. Don't know / Not sure
9. Refused

If EXERMOD GE 5 and EXEROFTM GE 30, go to HELPKID; else continue.

OSTEOPHY NEW (COPE)

SCALEF.

138. If you were told that regular physical activity, that is 30 minutes, four times per week, would reduce your risk of osteoporosis and osteoporosis related fractures, how likely would you be to engage in physical activity?

1. Not at all likely
2. Somewhat likely
3. Very likely
7. Don't know / Not sure
9. Refused

Now, I would like to ask you about stress in your daily life.

If CHILD18 LT 1, go to MHNTCTRL; else continue

HELPKID (MCH)

OFTENB.

139. The support systems I currently have to draw from are sufficient to help me cope with the stress of caring for my child(ren). Would you say..... (F6 if Not Applicable)

1. All the time
2. Most of the time
3. Some of the time
4. Almost never
7. Don't know / Not sure
9. Refused

MENTAL HEALTH ISSUES**Now I would like to ask you about your feelings and experiences.**

MHNTCTRL (Core) (All Women)

OFTEN.

140. In the past 30 days, how often have you felt that you could not control the important things in your life? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never
7. Don't know / Not sure
9. Refused

MHOVRWLM (DMH) Ask All Women (modified lead in)

OFTEN.

141. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never

7. Don't know/Not sure
9. Refused

DAYSANX (DMH) Ask all women

TYPEIII.

142. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ Enter Number of days

88. None
77. Don't know/Not sure
99. Refused

DAYSSAD (DMH) Ask all women

TYPEIII.

143. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

___ Enter Number of days

88. None
77. Don't know/Not sure
99. Refused

MHHELP2 (DMH, DSS)

YESNO.

144. Now thinking about the last 12 months, did you ever want or need help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

1. Yes
2. No (Go to DRNKANY1)

7. Don't know/Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

MHHLAWN2 (DMH, DSS)

YESNO.

145. Did you get help?

1. Yes
2. No (Go to DRNKANY1)

7. Don't know (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

MHWHELP3 (DMH)

YESNO.

146. Who did you get help from? (Select all that apply) Probe for any others?

- | | |
|---|---------|
| 1. Psychiatrist | MHWHE_A |
| 2. Psychologist | MHWHE_B |
| 3. Medical Doctor | MHWHE_C |
| 4. Counselor (specify) | MHWHE_D |
| 5. Social Worker | MHWHE_E |
| 6. Minister, Priest, Rabbi | MHWHE_F |
| 7. Self-help support group for emotional stress or mental illness | MHWHE_G |
| 8. Healer, medicine man, or medicine woman, or curandera | MHWHE_H |
| 9. Case Worker | MHWHE_I |
| 10. Other (specify) | MHWHE_J |

77. Don't know/Not sure

99. Refused

ALCOHOL USE**Next I would like to ask you a few questions about alcohol use.**

DRNKANY1 (Core) (All Women)

YESNO.

147. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- | | |
|--------------------------|---------------|
| 1. Yes | |
| 2. No | (Go to DRUNK) |
| 7. Don't know / Not sure | (Go to DRUNK) |
| 9. Refused | (Go to DRUNK) |

DRKALC (Core)

TYPEII.

148. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

| | |
|---------------------------|---------------|
| _____ Enter Number | 1XX per week |
| _____ Enter Week or Month | 2XX per month |

- | | |
|----------------------------|---------------|
| 888. None (F6) | (Go to DRUNK) |
| 777. Don't know / Not sure | (Go to DRUNK) |
| 999. Refused | (Go to DRUNK) |

NALCOCC (Core)

TYPEIII.

149. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

- | |
|--|
| _____ Enter Number of drinks (One half = .5) (verify if GT 11) |
| 88. None |
| 77. Don't know / Not sure |
| 99. Refused |

DRINKGE5 (Core)

TYPEIII.

150. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

___ Enter Number of times (verify if GT 15)

77. Don't know / Not sure

99. Refused

DRUNK (ADP) Ask all women

TYPEIV.

151. How often in the past year did you drink enough to feel drunk?

___ Enter Number of times (verify if GT 10)

77. Don't know / Not sure

99. Refused

DRUNKNUM (ADP) Ask all women

TYPEIV.

152. How many drinks does it take you to feel drunk?

___ Enter Number of drinks (verify if GT 10)

88. Never been drunk

77. Don't know / Not sure

99. Refused

DRKGUILT (ADP) Ask all women

YESNODK.

153. During the last year have you had a feeling of guilt or remorse after drinking?

1. Yes

2. No

3. Never Drink (Do not read)

7. Don't know / Not sure

9. Refused

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAGE (OFP, STD, DSS) Ask all women

TYPEVIII.

154. How old were you at the time of your first sexual intercourse experience?

___ Enter age in number of years

555. Never had intercourse

(Go to WHOSXEVR)

777. Don't know / Not sure

999. Refused question

| |
|--|
| HYSTER2=1 OR AGE>50 or SEXBHAGE = 555, go to WHOSXVER; else continue |
|--|

Now I would like to ask you about your access to a health provider for family planning services.

FPWHEN2 (OFP) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD.

155. When did you last have a visit with a health provider to talk about or receive birth control? (Read only if necessary)

1. Within the last six months
2. More than 6 months to 12 months ago
3. More than 12 months to 2 years ago
4. More than two years ago
5. Never

7. Don't know / Not sure
9. Refused
8. Refused Module (Go to BCUSE3)

FPDENIE2 (OFP)

YESNORF.

156. In the past year, have you gone without birth control supplies because you did not have enough money to pay for them?

1. Yes
2. No

8. Refused Module (Go to BCUSE3)
7. Don't know / Not sure
9. Refused

FPDENLO (OFP)

YESNORF.

157. In the past year have you gone without birth control because you did not know where to get services or supplies?

1. Yes
2. No

8. Refused Module (Go to BCUSE3)
7. Don't know / Not sure
9. Refused

FPDENAP (OFP)

YESNORF.

158. In the past year have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

1. Yes
2. No

8. Refused Module
7. Don't know / Not sure
9. Refused

BIRTH CONTROL USE

BCUSE3 (OFP) (Asked if PREGNANT NE1)

YESNOM.

159. Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

- | | | |
|----|------------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to BCWHYNOT) |
| 3. | No male sexual partner | (Go to EMRGBC) |
| 7. | Don't know / Not sure | (Go to BCWNTHOW) |
| 9. | Refused Question | (Go to BCWNTHOW) |
| 8. | Refused Module | (Go to BCWNTHOW) |

BCTYPE (OFP)

YESNO.

160. Which birth control method or methods are you using?

(Read only if necessary) (Select all that apply)

- | | | |
|-----|--|---------|
| 1. | Male sterilization /vasectomy | BCTYP_A |
| 2. | Female sterilization | BCTYP_B |
| 3. | Norplant/implants | BCTYP_C |
| 4. | Depo-Provera /Injectables | BCTYP_D |
| 5. | Birth control pills/oral contraceptive | BCTYP_E |
| 6. | IUD/coil/loop | BCTYP_F |
| 7. | Condoms/rubbers | BCTYP_G |
| 8. | Diaphragm | BCTYP_H |
| 9. | Female condom/vaginal pouch | BCTYP_I |
| 10. | Cervical cap | BCTYP_J |
| 11. | Foam/jelly/cream/vaginal contraceptive film (VCF) | BCTYP_K |
| 12. | Withdrawal/pulling out | BCTYP_L |
| 13. | Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. | Other (Specify) | BCTYP_N |
| 77. | Don't know / Not sure | |
| 99. | Refused Question | |
| 88. | Refused Module | BCTYP_O |

BCTYPTXT

160.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

161. What is the MAIN reason that you are not CURRENTLY using birth control?

(Read only if necessary)

Select from Brand List

- | | |
|-----|-----------------------|
| 18. | Other (Specify) |
| 88. | Didn't think about it |
| 77. | Don't know / Not sure |

BCWHYNOX

161.5 Other (SPECIFY)

If BCTYPE_A =1 , go to EMRGBC;
 If BCTYPE_B =1, (sterilized), or BCWHYNOT = 14 (sterilized), go to BCPAY2
 Else, go to BCWNTHOW

If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1 go to BCWNTHOW; Else continue

BCPAY (OFP)

YESNO.

162. How do you pay for the primary method of birth control that you use? (Select all that apply.)

- | | |
|---|---------|
| 1. Private Health Insurance | BCPAY_A |
| 2. Medi-Cal | BCPAY_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY_C |
| 4. College-based health insurance | BCPAY_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY_E |
| 6. Got method free from school or school clinic | BCPAY_F |
| 7. You paid co-pay | BCPAY_G |
| 8. Partner paid co-pay | BCPAY_H |
| 9. You paid entire cost | BCPAY_I |
| 10. Partner paid entire cost | BCPAY_J |
| 11. Share cost with partner | BCPAY_K |
| 12. Family member pays cost | BCPAY_L |
| 13. Other (specify) | BCPAY_M |
| 14. Don't use birth control | BCPAY_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

BCPAY2 (OFP)

YESNO.

162.5 How did you pay for the sterilization?

- | | |
|---|----------|
| 1. Private Health Insurance | BCPAY2_A |
| 2. Medi-Cal | BCPAY2_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY2_C |
| 4. College-based health insurance | BCPAY2_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY2_E |
| 6. Got method free from school or school clinic | BCPAY2_F |
| 7. You paid co-pay | BCPAY2_G |
| 8. Partner paid co-pay | BCPAY2_H |
| 9. You paid entire cost | BCPAY2_I |
| 10. Partner paid entire cost | BCPAY2_J |
| 11. Share cost with partner | BCPAY2_K |
| 12. Family member pays cost | BCPAY2_L |
| 13. Other (specify) | BCPAY2_M |
| 14. Don't use birth control | BCPAY2_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

If any "Yes" responses to HLTHPLAN and BCUSE3=2, continue;
 Else, go to EMRGBC

BCWNTHOW (OFP)

PORTION.

163. If you wanted to use birth control how would you pay for it? Would you say your private health insurance would pay. . .

1. the entire cost
2. some of the cost
3. or, none of the cost
7. Don't know / Not sure
9. Refused

EMRGBC (OFP)

YESNO.

164. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

1. Yes
2. No (Go to WHOSXEVR)
7. Don't know / Not sure (Go to WHOSXEVR)
9. Refused (Go to WHOSXEVR)

EMERGWHT (OFP)

EMERGWHT.

165. What can she do? (Do not read responses)

1. Use emergency contraception
2. Take the "morning after" pill
3. Have an IUD inserted
4. Take high dose/extra/several birth control pills
5. Take birth control pills
6. Take RU486
7. Have an abortion
8. Douche
9. Pray
10. Other (Specify)
77. Don't know / Not sure
99. Refused

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (Core) (Asked of all women)

WHOSEXB.

166. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to STDCHLY2)
7. Don't know / Not sure
9. Refused

WHOSX12M (Core) (Asked of all women)

WHOSEXB.

167. Which response best describes whom you have had sex with in the past 12 months? Would you say...

- | | | |
|----|---------------------------------------|------------------|
| 1. | Sex only with a woman (or with women) | (Go to SEXWOTHR) |
| 2. | Sex only with a man (or with men) | |
| 3. | Sex with both men and women | |
| 4. | Did not have sex | (Go to STDCHLY2) |
| 7. | Don't know / Not sure | |
| 9. | Refused | |

If SEXBHAGE EQ 555 go to STDCHYL2;

If AGE GE 50, go to SEXWOTHR;

SEXUALLY TRANSMITTED DISEASES

Now I'd like to ask you some questions about your current sexual behavior. If you are uncomfortable talking about this, please tell me and we will move on.

OTHRPAR3 (STD) (Ask if AGE<50)

YESNORF

168. This question is about a new male sex partner. A new sex partner is someone you had sex with for the first time. During the past 12 months, did you have a new male sex partner?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to SEXBHNU2) |
| 7. | Don't know/Not sure | (Go to SEXBHNU2) |
| 9. | Refused Question | (Go to SEXBHNU2) |
| 8. | Refused Module | (Go to STDCHLY2) |

FRSTCOND (STD) (Ask if AGE<50)

YESNORF.

169. Did you use a condom when you had sex with that person the first time?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | |
| 7. | Don't know/Not sure | |
| 9. | Refused Question | |
| 8. | Refused Module | (Go to STDCHLY2) |

SEXBHNU2 NEW (STD)

YESNORF.

170. In the past 12 months have you had more than one male sexual partner?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | |
| 7. | Don't know/Not sure | |
| 9. | Refused Question | |
| 8. | Refused Module | (Go to STDCHLY2) |

SEXWOTHR NEW (STD)

SCALEG.

171. During the past 12 months, how likely is it that your partner or partners have had sex with someone else?

1. Definitely Yes
2. Very likely
3. Somewhat likely
4. Not very likely
5. Definitely No
7. Don't Know/Not Sure
9. Refused

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLY3 (STD) (Ask if AGE<50)

YESNOUN.

172. Please tell me if you think the following statement is true or false.

Most women infected with chlamydia have symptoms.

1. True
2. False
3. Don't know what chlamydia is
7. Don't know / Not sure
9. Refused Question

CHLYDTST (STD) (Ask if AGE<50)

YESNOUN.

173. Have you been tested for chlamydia during the past 12 months?

1. Yes
2. No
3. Don't know what chlamydia is
7. Don't know / Not sure
9. Refused Question
8. Refused Module

(Go to STDHRPT3)

CHLYDWHR (STD) (Ask if AGE<50)

WHERE.

174. Where did you get tested?

1. Public STD Clinic
2. Other Public Clinic
3. Family Planning clinic
4. Community clinic
5. Private doctor
6. Emergency Room
7. Student Health Center
8. Military facility
9. Jail or other detention facility
10. HMO
11. Other (specify)
77. Don't Know/Not sure
99. Refused Question

Please tell me if you think the following statement is true or false:

STDHRPT3 NEW (STD) Ask all women

TRUFALS.

175. It is possible to get genital herpes from a sex partner when he or she does not have a visible sore.

1. True
2. False
7. Don't know/Not sure
9. Refused

| |
|--|
| If WHOSXEVR =4, go to STDADV2; Else continue. |
|--|

STDCHK (STD)

YESNORF.

176. In the past 12 months, have you specifically gone to a clinic or health care provider for a STD check or treatment?

1. Yes
2. No
7. Don't know/Not sure
9. Refused Question

STDADV2 NEW (STD) (Ask if AGE<50)

YESNO.

177. During the past 12 months, did a doctor or other health care provider talk to you about your personal sexual behavior?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DCTRHIV NEW (OWH) Ask all women

YESNO.

178. During the last 12 months did a doctor or other health care provider ask you about your personal risk for HIV, the virus that causes AIDS?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DOMESTIC VIOLENCE

The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

179. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

1. Yes
2. No
3. No Partner
7. Don't know / Not sure
9. Refused

DVYRCMB NEW (DV)

YESNO.

180. In the past 12 MONTHS have you been shoved, slapped, hit with a fist or an object, beaten, forced into sexual activity, choked, threatened with a knife or a gun, or hurt with a knife or gun by a current or former partner? Interviewer: Read Slowly.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

(Go to DVAID)

DVEVRCMB NEW (DV)

YESNO.

181. Have you EVER been shoved, slapped, hit with a fist or an object, beaten, forced into sexual activity, choked, threatened with a knife or a gun, or hurt with a knife or gun by a current or former partner? Interviewer: Read Slowly.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

DVAID NEW (DV)

YESNO.

If tomorrow you were hurt by an intimate partner or afraid of an intimate partner, what types of program services would you use. . .

| | Yes | No | DK/NS | REF | |
|--|-----|----|-------|-----|---------|
| 182. Financial Assistance | 1 | 2 | 7 | 9 | DVAID_A |
| 183. Children's therapy/children's counseling | 1 | 2 | 7 | 9 | DVAID_B |
| 184. Crisis counseling | 1 | 2 | 7 | 9 | DVAID_C |
| 185. Assistance with job training/job search | 1 | 2 | 7 | 9 | DVAID_D |
| 186. Legal services | 1 | 2 | 7 | 9 | DVAID_E |
| 187. Help with locating housing | 1 | 2 | 7 | 9 | DVAID_F |
| 188. Support groups | 1 | 2 | 7 | 9 | DVAID_G |
| 189. Health services | 1 | 2 | 7 | 9 | DVAID_H |
| 190. Battered women's shelter | 1 | 2 | 7 | 9 | DVAID_I |
| 191. Other (specify) | 1 | 2 | 7 | 9 | DVAID_J |

TSS

I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.

TSSTKAD (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you after the age of 18.

192. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSBTAD (DSS)

YESNORF.

193. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

1. Yes
2. No
7. Don't know / Not sure'
9. Refused
8. Refused Module (Go to PTSD1)

TSSSXAD (DSS)

YESNORF.

194. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSDIAD (DSS)

YESNORF.

195. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSTKCH (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you BEFORE the age of 18.

196. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSBTCH (DSS)

YESNORF.

197. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

- 1. Yes
- 2. No

- 7. Don't know / Not sure'
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSSXCH (DSS)

YESNORF.

198. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSDICH (DSS)

YESNORF.

199. Before the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

PTSD

Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don't want to.

PTSD1 (DSS)

YESNO.

200. Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

- 1. Yes
- 2. No (Go to MEDI_FU2)
- 7. Don't know / Not sure (Go to MEDI_FU2)
- 9. Refused (Go to MEDI_FU2)
- 8. Refused module (Go to MEDI_FU2)

PTSD2 (DSS)

YESNO.

201. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD3 (DSS)

YESNO.

202. In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD4 (DSS)

YESNO.

203. In the past 30 days, have you been constantly on guard, watchful, or easily startled?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD5 (DSS)

YESNO.

204. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

MEDI_FU2 (ask if age>=65 and did not say "yes" to MEDICARE)

YESNO.

205. Do you have a social security card with red, white and blue stripes?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

CLOSING: That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

1. Spanish
2. English